

**Note: This is sample  
template it is  
not an OMB  
approved form.**

**Universal 911 Dialing- Second Transition Report**

Please read instructions before completing

**Section 1  
Carrier Identification Information**

Parent Company Name  
TelAlaska, Inc.

Service Provider Name  
Mukluk Telephone Company

Company Address, City, State, Zip  
201 East 56<sup>th</sup> Ave  
Anchorage, AK. 99518

Service Provider Type                  Wireless                  ☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name  
Bob Dunn

Contact Tel #  
(907) 563-2003

Fax #  
(907) 550-1619

E-mail Address  
B\_dunn@telalaska.com

**Section 2  
Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

LITTLE DIOMEDE	SHAKTOOLIK
ELIM	SHISHMAREF
GOLOVIN	STEBBINS
KOYUK	TELLER
NOME	WALES
ST MICHAEL	WHITE MOUNTAIN

For each area listed above, identify the emergency response point to which calls are now being routed.

LITTLE DIOMEDE	No 911 service point specified by the community	SHAKTOOLIK	(907) 955-3661
ELIM	No 911 service point specified by the community	SHISHMAREF	No 911 service point specified by the community
GOLOVIN	No 911 service point specified by the community	STEBBINS	No 911 service point specified by the community
KOYUK	No 911 service point specified by the community	TELLER	No 911 service point specified by the community
NOME	(907) 443 0911, Nome Public Safety	WALES	No 911 service point specified by the community
ST MICHAEL	No 911 service point specified by the community	WHITE MOUNTAIN	(907) 638-5000

### Section 3

#### Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of 09/24/02.

Signature

Printed name of authorized representative Bob Dunn

Title Director of Regulatory Affairs

Date 09/24/02

This filing is: ☒ original filing ☐ revised filing

**PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.**

